



Foundations in OB/GYN (Month One)
NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY: 1

Description of Rotation:

This is a four-week block Obstetrics and Gynecology rotation with direct supervision by Obstetric Gynecologists and Family Medicine physicians as well as certified Nurse Midwives. Supplemental longitudinal learning in the FMP supervised by Family Physician Faculty is also expected. Residents will see female patients at various stages throughout the reproductive life span.

Overall Goal of PGY1 Rotation:

Gynecology:

Residents will learn to provide evidence-based, compassionate, comprehensive obstetric and gynecologic care for women over their lifespan. They will be able to perform appropriate preventive services, including screening tests and wellness counseling, based on the patient’s age and risk factors. Residents will perform appropriate preventive services, including screening tests and wellness counseling, based on the patient’s age and risk factors. They may perform routine gynecologic procedures, including, but not limited to, Pap smear, endometrial biopsy, colposcopy. Residents will be competent in offering patient-centered, comprehensive contraceptive counseling and options, including long-acting reversible contraception (LARC). They will understand the risks of, and appropriately counsel patients about, non-gynecologic medical problems that may manifest differently or more frequently in women, including heart disease, stroke, osteoporosis, anxiety/depression, and intimate partner violence. They will consult with obstetrician-gynecologists (OB-GYNs), other physician specialists, and allied health care professionals to provide optimal health services for women. Residents will communicate respectfully and effectively with women of all ages to act as patient advocate and coordinator of care for female patients across the continuum of outpatient, inpatient, and assisted care.

Obstetrics:

Obstetric experience for the PGY1 resident will focus on achieving competence in prenatal care for low risk pregnancies, standards for prenatal screening and management following AAFP and ACOG guidelines. The ALSO course is a requirement for PGY1 and will be provided prior to their rotation. Training will include knowledge of prenatal genetic counseling and screening for aneuploidy and genetic abnormalities. Screening for gestation diabetes and management of class A1 gestation diabetes. Screening and risk for fetal alloimmunization, Rh immunization, and administration of Rho (D) immune globulin. Counsel patients about onset of labor, electronic fetal and contraction monitoring. Mechanisms of the stages of labor. Techniques of vaginal delivery and laceration repair. Residents must complete fetal heart monitoring course as well during this month.

Rotation Location(s):

NGPG – Family Medicine 1439 Jesse Jewell Pkwy, Ste 102 Gainesville, GA 30501	NGPG – OB/GYN - Dahlonega 1298 S. Chestatee Dahlonega, GA 30533	NGPG – OB/GYN – Dawsonville 300 Dawson Commons Cir, Ste 310 Dawsonville, GA 30534
NGMC – Gainesville 743 Spring St NE Gainesville, GA 30501	NGPG – OB/GYN – Braselton 1404 River Pl, Ste 303 Braselton, GA 30517	

Preceptor(s): Tembele Yangandawele, MD Brittany Parker, MD Amber French, DO
Alexander Alair, MD Sherry Nored, CNM Michele Kelly, CNM



Sample PGY 1 Rotation Schedule

	M	T	W	TH	F	Sat	Sun
7AM-11AM	Post-Partum/Triage/Circ	Triage	Post-Partum-Triage/Circ	MFM Clinic	GYN with NGPG OB	Post-Partum/Circ/Triage	Off
12PM-7PM	GYN Procedure Clinic	Triage	DIDACTICS	MFM Clinic	FM Clinic	Triage	Off

Patient Care:	
PGY Level	By the end of the rotation:
1	Develop skills that allow for compassionate and appropriate and effective care of the Gynecologic patient while integrating evidence base medicine and local community standards of care, as well as nationally defined quality care standards and the integration of specialty recommendations upon consultation. (PC-1/3)
1	Identifies patients for whom a procedure is indicated and who is equipped to perform it. Counsel patients about expectations for common procedures performed by family physicians and consultants. (PC-5/2)
1	Develop a rational plan of care for Gynecologic patients who include specialty consultations diagnostic testing, including biopsy, initiation, or alteration of medications. Prioritizes cost-effective diagnostic testing and consultations that will change the management of undifferentiated illness. (PC-4/3)
1	Under direct supervision, perform the following gynecologic procedures: (PC-5/3) <ul style="list-style-type: none"> a. Bimanual Examination b. Examination of the uterine cervix c. Examination of the vagina d. Examination of the vulva e. Colposcopy f. Treatment of Lesions g. Endometrial Biopsies h. IUD insertion
1	Perform comprehensive physical examinations of female anatomy. (PC-4/2)
1	Perform appropriate pre-conception counseling/treatment. Identifies screening and prevention guidelines by various organizations. Identifies opportunities to maintain and promote wellness in patients. (PC-5/2)
1	Order appropriate prenatal screening tests. (PC-3/2)
1	Provide, in collaboration with OB/ FM faculty, comprehensive, compassionate, continuous care. Generates differential diagnosis, recognizes role of clinical protocols and guidelines in acute situations, and recognizes that acute conditions and have an impact behind the immediate disease process. (PC-1/2)
1	Manage along with consultant, if needed for various issues up to and including obstetric complications. (PC-2/3)

Medical Knowledge Objectives and Competencies:	
PGY level	By the end of the rotation:
1	Prescribe treatment plans for menstruation including educating regarding physiology, amenorrhea and dysfunctional uterine bleeding, premenstrual syndrome. (MK-2/3)
1	Diagnose and manage reproductive-tract infections and diseases: (MK-2/3) <ul style="list-style-type: none"> a. Sexually transmitted diseases, including Human Papilloma virus infection.



	<ul style="list-style-type: none"> b. Pelvic inflammatory disease c. Endometriosis d. Benign and malignant diseases of the female genital tract e. Breast disease: <ul style="list-style-type: none"> i. Benign breast disease ii. Breast implants iii. Breast cancer — screening, diagnosis, and treatment f. Ovarian cancer g. Endometrial cancer h. Premalignant and malignant disease of the cervix i. Uterine fibroids j. Chronic pelvic pain k. Human immunodeficiency virus (HIV) infection l. Vaginitis
1	<p>Diagnose and manage the following areas of reproduction: (MK-2/3)</p> <ul style="list-style-type: none"> a. Normal physiology b. Infertility, polycystic ovary syndrome c. Contraception: <ul style="list-style-type: none"> i. Indications and controversies ii. Permanent- Laparoscopic, Hysteroscopic iii. Reversible-oral, injectable, implants, natural, barrier methods, Intrauterine devices (IUDs), post coital (emergency) contraception, patches/vaginal rings iv. Preconception counseling v. Contraception issues in women over age 35
1	Advise adoption-options and counseling. (MK-2/3)
1	Advise abortion-Issues and counseling. (MK-2/3)
1	<p>Counsel on the following areas sexuality: (MK-2/3)</p> <ul style="list-style-type: none"> a. Normal physiological sexual response b. Diagnosis and treatment of sexual dysfunctions c. Heterosexual, lesbian, bisexual, transgender patients d. Public perception of women (media representation, breast implants, liposuction, etc.) e. Awareness of female circumcision/ female genital mutilation
1	<p>Direct and facilitate current prevention, screening, and immunization guidelines: (MK-2/3)</p> <ul style="list-style-type: none"> a. Nutritional needs b. Cancer screening guidelines c. Exercise d. Osteoporosis e. Smoking cessation f. Coronary artery disease g. Motor vehicle safety h. Complementary therapies i. Oral health
1	Educate and prescribe education for menopause including current therapies and alternatives. (MK-2/2)
1	Diagnose pelvic floor dysfunction including incontinence and prolapse. (MK-2/2)
1	<p>Distinguish and evaluate psychosocial issues including: (MK-2/3)</p> <ul style="list-style-type: none"> a. Domestic violence b. Rape



	<ul style="list-style-type: none"> c. Sexual harassment d. Sexual assault e. Role strain and child-care issues f. Changing family structure g. Effect of poverty on women and children h. Gaps in medical research pertaining to women.
1	<p>Develop an understanding of mental health and behavioral medicine: (MK-2/3)</p> <ul style="list-style-type: none"> a. Effects of sexual abuse b. Depressive illnesses, including postpartum depression. c. Anxiety disorders and stress management d. Problems with self-esteem e. Eating disorders and obesity f. Alcohol and substance abuse g. Emotional impact of abortion h. Disability in Women
1	<p>Develop an understanding of community issues surrounding women's care: (MK-2/3)</p> <ul style="list-style-type: none"> a. Women's access to health care b. Epidemiology of prenatal care and infant mortality c. Women and HIV d. Prevention of teenage pregnancy
1	Understanding of the physiology of the three stages of labor. (MK-1/1)
1	Understanding of methods for protecting the perineum during the second stage of labor. (MK-1/2)
1	<p>Appropriate counseling for prevention or treatment of substance abuse and sexually transmitted infections (STIs), to specifically include: (MK-1/2)</p> <ul style="list-style-type: none"> 1. Tobacco cessation counseling in pregnancy. 2. Alcohol abuse risks and fetal alcohol syndrome. and fetal outcome. 3. Opiate abuse and referral for treatment with methadone or buprenorphine, and counseling with regard to neonatal abstinence syndrome 4. Risk factors for STIs (including viral hepatitis and HIV) and their impact on pregnancy.
1	Appropriate utilization and interpretation of external electronic fetal monitoring. (MK 2/2)
1	Actively manage the third stage of labor. (MK-2/2)
1	Ability to articulate indications for episiotomy. (MK-2/2)
1	Articulate and apply the indications, risks/benefits, and need for timely consultation for Cesarean section. (MK-2/3)
1	<p>Appropriate counseling for women regarding screening during pregnancy, including: (MK-1/4)</p> <ul style="list-style-type: none"> 1. Options for early screening for chromosomal abnormalities through noninvasive prenatal testing 2. Referral for genetic counseling regarding other genetic diseases, with attention to maternal age and other risk factors 3. Cystic fibrosis and Tay-Sachs disease screening 4. Referral for chorionic villus sampling and amniocentesis
1	Assisted deliveries: understand indications for and appropriate use and application of a vacuum, understand indications for forceps. (MK-2/3)
1	Understanding and application of Leopold maneuvers. (MK-1/2)

Interpersonal and Communication Skills:

PGY level	By the end of the rotation:
1	Develop rapport and builds therapeutic relationships with patients (IPC-1/3)



1	Communicate effectively with patients and families. (IPC-2/3)
1	Communicate effectively with physician colleagues at all levels. (IPC-3/4)
1	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. (IPC-3/4)
1	Present information concisely and clearly both verbally and in writing on patients. (IPC-3/4)

Systems Based Practice Objectives and Competencies:

PGY level	By the end of the rotation:
1	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-1/2)
1	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-1/2)
1	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. (SBP-1/2)
1	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-2/3)
1	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, social workers, case managers, and providers of home health services to advocate for patients. (SBP-3/3)
1	Knowing when and how to refer patients to specialists, and how best to utilize the advice provided. (SBP-3/2)

Practice Based Learning and Improvement Objectives and Competencies:

PGY level	By the end of the rotation:
1	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine. (PBLI-1/3)
1	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2/3)
1	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change. (PBLI-2/3)

Professionalism Objectives and Competencies:

PGY level	By the end of the rotation:
1	Acceptance of professional responsibility as the primary care physician for patients under his/her care. (PROF-1/3)
1	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes. (PROF-2/3)
1	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures. (PROF-3/3)
1	Understand ethical concepts of confidentiality, consent, autonomy, and justice. (PROF-3/3)
1	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-3/3)

Additional Osteopathic Objectives and Competencies:

By the end of the rotation/residency:	
	Perform an accurate and complete structural and physical exam including somatic dysfunction. (PC1)
	Be able to independently apply direct and indirect OMT to the clinical scenario that is presented. (PC2)
	Integrate knowledge of anatomy, physiology, and pharmacology with osteopathic assessment models (biomechanical, neurology, behavioral, etc. (MK1)
	Apply the Tenets of Osteopathic Medicine in the development of patient treatment plan and patient



presentations that emphasizes:

- 1. The body is a unit; the person is a unit of body, mind, and spirit.
- 2. The body is capable of self-regulation, self-healing, and health maintenance.
- 3. Structure and function are reciprocally interrelated.
- 4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function. (MK2)

Document and apply appropriate billing and coding to their patient encounters according to level of complexity and modifiers for procedures such as OMT and injections. (SBP3)

Utilize OMM continuity clinic to foster continuity of care and the development of meaningful patient relationships. (ISC1)

Teaching Methods

Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	Guided Evidence based Research
Advanced Fetal Heart Monitoring Course completion	OMT- videos

Procedures/Skills Taught (PC5)

Pap smear	Colposcopy
Endometrial biopsy	Genital wart treatment
I and D Bartholin gland	LARC insertion & removal
Wet mount	

Supervision/Evaluation:

Resident will work one-on-one and be supervised by board certified gynecologists, Family Medicine physicians and Certified Nurse Midwives. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Assessment Methods

Direct Observation	Procedure evaluation
End of Rotation Evaluation	Procedure Log
Medical Knowledge ROSH Review Assessment	Skills check off for LARC (Certificates)
Successful Completion of Fetal Heart Monitoring Course	

EPA's

(EPA 4) Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages.

(EPA 10) Perform common procedures in the outpatient or inpatient setting.

(EPA 17) In the context of culture and health beliefs of patients and families, use the best science to set mutual health goals and provide services most likely to benefit health.

(EPA 18) Advocate for patients, families and communities to optimize health care equity and minimize health outcome disparities.



Residency Outcomes

Practice as *personal physicians*, to include *care of women, the elderly, and patients at the end of life*, with excellent rate of *continuity and appropriate referrals*

Provide care for *low-risk patients who are pregnant*, to include management of early pregnancy, medical problems during pregnancy, prenatal care, postpartum care and breastfeeding, with or without competence in labor and delivery

Perform the *procedures* most frequently needed by patients in continuity and hospital practices

Resources: Required Reading

Abnormal Uterine Bleeding	https://www.aafp.org/afp/2012/0101
Amenorrhea	https://www.aafp.org/pubs/afp/issues/2013/0601/p781.html
Premenstrual	https://www.aafp.org/afp/2008/0101/p82.html
Dysmenorrhea	https://www.aafp.org/afp/2014/0301/p341.html
PCOS	https://www.aafp.org/afp/2009/0915/p579.html
LGBTQ Health Disparities	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/
Update on Health for WSW	https://www.aafp.org/afp/2017/0301/p314.html
Common Breast Problems	https://www.aafp.org/pubs/afp/issues/2012/0815/p343.html
Breast Cancer Screening	https://www.aafp.org/pubs/afp/issues/2013/0215/p274.html
Galactorrhea	https://www.aafp.org/pubs/afp/issues/2012/0601/p1073.html
Colposcopy	https://www.aafp.org/pubs/afp/issues/2013/0615/p836.html
Contraception choices /underlying medical conditions.	https://www.aafp.org/pubs/afp/issues/2010/0915.html
Initiating contraception	https://www.aafp.org/pubs/afp/issues/2006/0701/p105.html
Contraceptive Options	https://www.aafp.org/pubs/afp/issues/2004/0215/p853.html
IUD Update	https://www.aafp.org/afp/2014/0315/p445.html
Emergency Contraception	https://www.aafp.org/afp/2014/0401/p545.html
Cervical Cancer Screening	https://www.aafp.org/afp/2018/0401/p441.html
ASCCP	https://www.aafp.org/afp/2012/0915/p501.html
Infertility	https://www.aafp.org/afp/2015/0301/p308.html
Pregnancy Prevention in Teens	https://www.aafp.org/pubs/afp/issues/2004/1015/p1517.html
Unintended Pregnancy	https://www.aafp.org/afp/2015/0415/p544.html
Menopause	https://www.aafp.org/afp/2000/0301/p1391.html
Postmenopausal Health Maintenance	https://www.aafp.org/pubs/afp/issues/2008/0901/p583.html
Office Management Early Pregnancy Loss	https://www.aafp.org/pubs/afp/issues/2011/0701/p75.html
Misoprostol	https://www.aafp.org/afp/2014/0401/p523.html
Female Urinary Incontinence	https://www.aafp.org/pubs/afp/issues/2013/0501/p634.html
Pelvic Organ Prolapse	https://www.aafp.org/pubs/afp/issues/2010/0501/p1111.html
CDC Guidelines STD 2015	https://www.aafp.org/afp/2016/0115/p144.html
STD Guidelines	www.cdc.gov
Genital Wart Treatment	https://www.aafp.org/afp/2014/0901/p312.html
Endometriosis	https://www.aafp.org/pubs/afp/issues/2013/0115/p107.html
Adnexal Masses	https://www.aafp.org/afp/2016/0415/p676.html
Gynecologic Procedures	https://www.aafp.org/afp/2013/0615/p836.html
Vaginitis	https://www.aafp.org/afp/2018/0301/p321.html
Sexual Dysfunction	https://www.aafp.org/afp/2015/0815/p281.html



Additional Osteopathic Curricular Elements	
Osteopathic Considerations in the Female Patient	SDOFM 2nd edition <ul style="list-style-type: none">• Chapter 13 – The Female Patient<ul style="list-style-type: none">○ Read pages 127-142○ View PowerPoint on <i>The Female Patient</i>
Pregnancy	OMT Video Library <ul style="list-style-type: none">• View videos under <i>Pregnancy</i>
Low back pain	OMT Video Library <ul style="list-style-type: none">• View videos under <i>Low Back pain</i>
Osteopathic Foundations in Obstetrics	Foundations of Osteopathic Medicine fourth edition <ul style="list-style-type: none">• Read pgs. 1354-1364 (Obstetrics)
Osteopathic Foundation in Gynecology	Foundations of Osteopathic Medicine fourth edition <ul style="list-style-type: none">• Read pgs. 1365-1385 (Gynecology)
Osteopathic Foundations- ANS- Reproductive Tract	Readings from Foundations of Osteopathic Medicine fourth edition <ul style="list-style-type: none">• Review pgs. 259-264 (Autonomic Nervous System – Reproductive Tract)

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